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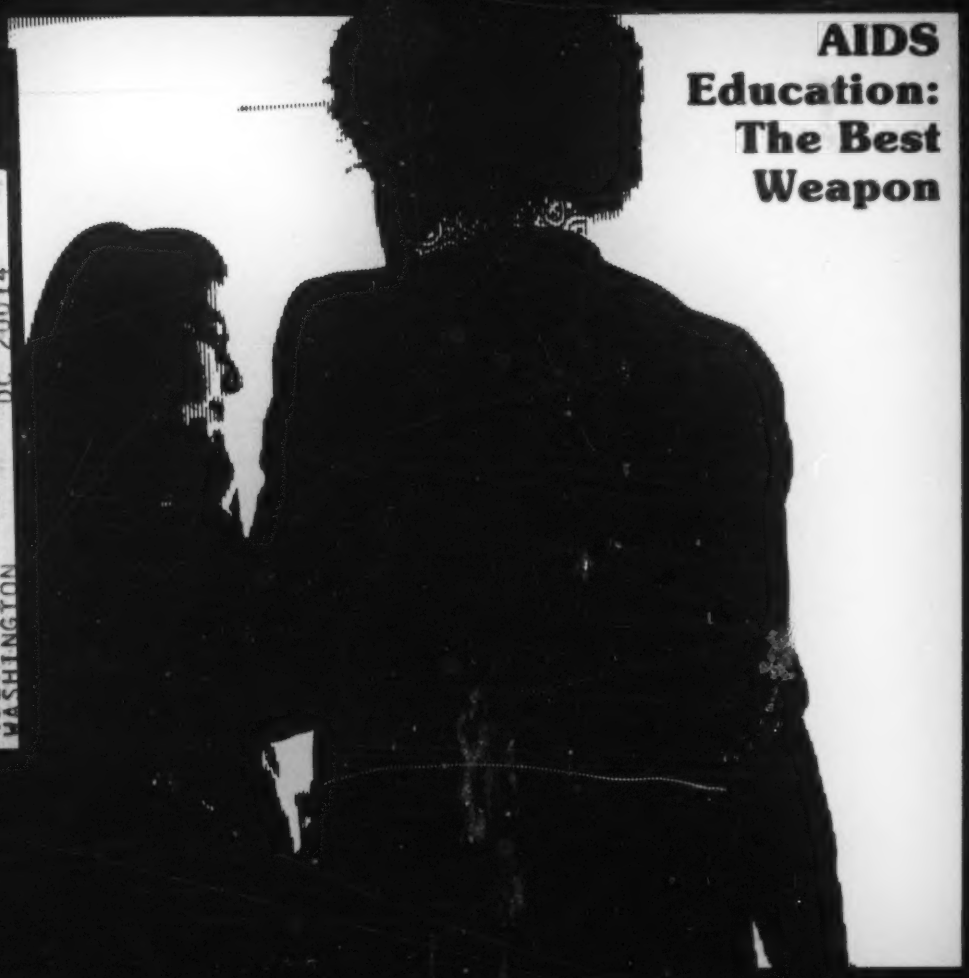

AIDS Education: The Best Weapon

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Nurses Call Out for AIDS Information

JACQUELYN H. FLASKERUD

Nurses are crucial combatants in the war against acquired immunodeficiency syndrome (AIDS). They care for, educate, and counsel AIDS patients and their families in a variety of settings. They also make referrals for, educate, and counsel at-risk populations, community groups, and other health care workers. In hospitals, nurses manage the control of infection as well as patients' physiological and psychosocial problems. In communities, they serve as case managers for persons with AIDS who live at home. They are involved in preventing AIDS through public health education, through counseling worried well persons and persons with human immunodeficiency virus (HIV) and AIDS-related complex (ARC), and through referring individuals to community resources for education, testing, and support.

In schools, nurses monitor students who have AIDS and oversee infection control procedures. They are involved in health education programs on the prevention of AIDS for students and for their parents. In psychiatric-mental health facilities, nurses assess clients for neuropsychiatric symptoms that could indicate AIDS, and they make referrals and provide psychotherapy and education to persons with AIDS and their families, to persons with HIV and with ARC, and to worried well individuals. Within their various specialties and work settings, nurses provide the entire gamut of nursing services and interventions as they deal with the spectrum of disorders caused by HIV. To provide this care, nurses must have a comprehensive knowledge of AIDS and of its treatments.

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Educational Resources

Since the health care community first recognized AIDS, many professionals have addressed the topic in workshops, conferences, and continuing education and inservice programs for nurses and for other health care professionals. In addition, television and radio program planners and newspaper and magazine editors have put together many series on AIDS and have given almost daily attention to news about the disease.

Authors of books and articles for nurses have provided a substantial amount of information on AIDS and on the care of persons with AIDS. For nurses working in hospitals, authors have addressed symptom assessment, the care of patients in the acute phase of illness, precautions, transmission, psychological complications, and discharge planning [1-7]. Nurses working in communities have had access to books and articles that have addressed home care, occupational health care, and sexual counseling [8-11].

Nurses working in psychiatric-mental health facilities have had fewer resources available to them in the nursing literature [12-15]. Authors writing for related medical and health publications have addressed the neuropsychiatric and psychosocial care of persons with AIDS, their families and lovers, and the health care workers who care for them more extensively than authors in nursing have. Nurses working in schools have also had fewer resources to turn to, especially for the areas of their practice related to educating children and teenagers about sexually transmitted diseases. However, a good amount of the literature in related medical and health fields focuses on AIDS in children and during pregnancy [16-18].

Despite the substantial amount of literature on AIDS and the care of AIDS patients, some researchers have un-

covered evidence that nurses' knowledge is inadequate and inaccurate and leads to less-than-optimal care. In January 1986, the Veterans Administration Medical Center in Washington, D.C. and the National Institutes of Health surveyed 1,194 employees of a large urban hospital in Washington, D.C. to determine their knowledge of AIDS. The researchers found that 50 percent of the respondents believed that AIDS could be spread through casual contact; 20 percent believed that it could be spread via coughing and sneezing; more than 50 percent said they would wear gowns and masks when caring for AIDS patients; 49 percent said they spent less time with AIDS patients than with their other patients; and 35 percent reported actively avoiding patients with AIDS [19].

In a study of 1,019 hospital staff nurses in California, researchers determined other areas of knowledge deficit about AIDS as well as negative attitudes toward persons with AIDS that could affect the nurses' practice [20]. They found that the nurses lacked knowledge of how to correctly distinguish AIDS symptoms and of how to determine which individuals are at high risk for AIDS, that they used overly cautious isolation techniques, and that they believed that they were at high risk for contracting AIDS at work. Twenty-three percent of the nurses said they would not care for patients with AIDS; 54 percent said that nurses should be allowed to refuse to care for patients who have or who are suspected of having AIDS. Nurses who recently had cared for patients with or at risk of contracting HIV and those who had attended lectures and educational forums on AIDS were more likely to know the symptoms of the disease, who is at risk for contracting it, and what precautions to take to prevent transmission. They were also more willing to care for patients with AIDS.

Researchers who recently conducted a survey of 1,000 California physicians reported similar findings about physicians' knowledge and attitudes [21]. Their study revealed that a majority of the physicians had inadequate knowledge of the symptoms of ARC and of how to determine which groups are at risk, and that their practices in taking sexual histories and in making differential diagnoses were inadequate. A third of the respondents reported from moderate to great discomfort with homosexual patients. The researchers considered these the factors most associated with physician competence: working with patients with or at risk for AIDS, a low level of discomfort when treating homosexuals, attendance at lectures on AIDS, being young, specializing in internal medicine, and not working in a solo practice.

Investigators in New York City, San Diego, and San Francisco have assessed homophobia among physicians and nurses [22-24]. Using the Index of Homophobia scale, they found low-grade homophobia among the respondents. The physicians and nurses who had gay friends or relatives were much more likely to report positive attitudes toward homosexuals. About 10 percent of the respondents said they believed that persons with AIDS were "getting what they deserve."

Most researchers have found, though, that health care workers who have accurate knowledge about AIDS and who have experience working with persons with or at risk of AIDS have lower levels of fear and anxiety than do other workers, are more willing than others to work with AIDS patients, and exhibit appropriate professional behavior toward AIDS patients [25,26]. The requirement that nurses know about and understand AIDS, the nursing literature on AIDS and on the care of AIDS patients, and the research on nurses' knowledge and attitudes all attest to the fact that nurses need information on AIDS to give safe and sensitive care and to educate the public. Nurses themselves have recognized this and have pinpointed specific needs for AIDS information.

Information Needs

From August 1986 through March 1987, I conducted a national survey of 832 nurses to determine nurses' needs for AIDS information and to develop educational resources to meet those needs. I drew a random sample of nurses from the membership lists of the American Nurses' Association's Councils on Community Health Nursing, Medical-Surgical Nursing, and Psychiatric-Mental Health Nursing, and from the National Association of School Nurses. The sample consisted of 194 medical-surgical (MS) nurses, 194 community health (CH) nurses, 233 psychiatric-mental health nurses (PMH), and 211 school nurses (SCH). The response rate was 66.2 percent—60.8 percent of the MS nurses, 68 percent of the CH nurses, 77.2 percent of the PMH nurses, and 60.8 percent of the SCH nurses responded.

The responding nurses represented 48 states and the District of Columbia. Forty-one percent of the respondents were from California, Florida, New Jersey, New York, and Texas—states that, together, account for about 72 percent of the AIDS cases reported in the United States. Nurses who lived in Standard Metropolitan Statistical Areas (SMSAs)—areas with populations of 100,000 or more—made up 64.3 percent of the sample. Among those who lived in non-SMSAs, 24.5 percent lived in towns with 15,000 or fewer people. Chi square analysis indicated that there were no statistical differences among the groups in terms of type of residence area.

The nurses ranged in age from 22 to 72 years, with a mean of 44.3 years and a median of 44 years. Although differences among the groups in terms of mean ages were not statistically significant, medical-surgical nurses were the youngest group—69.5 percent of them were from 22 to 44 years of age—and school nurses were the oldest group—69.8 percent of them were from 45 to 72 years of age. The sample was 97 percent female.

The respondents were well-educated—93.7 percent of them had bachelor's or higher degrees in nursing. There were significant differences among groups in terms of education levels: 51.3 percent of the CH nurses and 65.7 percent of the PMH nurses had master's degrees; 64.3 percent of the SCH nurses had bachelor's degrees; and 50.9 percent of the MS nurses had bachelor's, diploma, or associate degrees.

Twenty-three percent of the nurses worked in schools; 24 percent in hospitals; 18 percent in community health facilities; 22 percent in schools of nursing; and 11 percent in community-mental health facilities. Sixty-five percent of the MS nurses and 25 percent of the PMH nurses worked in inpatient settings. Ninety-eight percent of the SCH nurses, 63 percent of the CH nurses, and 45 percent of the PMH nurses worked in outpatient settings.

About 27 percent of CH, MS, and PMH nurses worked in schools of nursing. Nurses who worked in inpatient facilities were significantly younger and less educated than the nurses who worked in outpatient settings or schools of nursing, and they had worked at their present jobs for fewer years. Overall, the nurses had practiced their present occupations for from 1 to 47 years with a mean of 12 years and a median of 10 years. SCH nurses had practiced at their present occupations longest—61 percent had been doing so for more than 10 years. About 50 percent of the MS, PMH, and CH nurses had practiced their present occupations for more than 10 years.

I first asked the respondents to rate the likelihood that they would see a patient with AIDS in their work settings during the next six months. Fifty-one percent considered it likely. The groups differed significantly on this variable. Only 18 percent of the SCH nurses thought they were likely to see an AIDS patient. About 60 percent of the CH and PMH nurses and 68 percent of the MS nurses considered it likely that they would see a patient with AIDS in the next six months. Nurses who were less educated, younger, and working in hospitals considered it more likely that they would see a patient with AIDS than those who were more educated, older, and working in other settings. The respondents' determinations of the probability of seeing a patient with AIDS were not related significantly to residence in an SMSA versus a non-SMSA. I also asked the nurses to indicate whether they needed information in a number of categories related to AIDS and HIV infection (see Table 1).

Seventy-five percent or more of the respondents indicated needing information in 56 percent of the categories I asked about. Although, for many of the categories, there were significant differences among groups that could be related to their specialties, some informational needs were apparent in all groups. Eighty percent or more of the respondents indicated the need for information in the areas of AIDS symptom assessment, transmission in the workplace, precautions for health care workers, psychosocial care, and legal and ethical issues.

The respondents' information needs were significantly related to whether

Table 1. Percent of Respondents Indicating Need for Information (N=832)

	Total N=832	MS N=194	CH N=194	PMH N=233	SCH N=211
Case definition:	%	%	%	%	%
AIDS	74	81	75	69	74
ARC*	72	78	75	64	73
Pediatric AIDS*	60	43	69	44	84
HIV positives*	75	82	77	68	77
Case reporting:					
Adult AIDS*	62	72	73	58	45
Pediatric AIDS*	52	43	65	36	68
HIV positives*	65	74	76	58	55
At-risk groups:					
Homosexual/bisexual males*	60	59	69	68	42
IV drug abusers*	57	64	64	58	41
Blood recipients/ hemophiliacs*	60	69	64	47	60
Prostitutes*	48	50	63	51	25
Sexual partners of above*	62	66	70	71	39
AIDS symptom assessment	80	93	80	73	76
Transmission in the workplace	80	85	79	76	78
Precautions:					
Nurses/health care workers (HCWs)	87	91	90	82	86
Household contacts*	78	86	85	73	69
Minimizing infection*	76	85	81	72	67
Prevention	86	88	87	84	86
Safe sexual practices*	76	73	80	83	66
Psychosocial care:					
AIDs patients*	80	89	83	82	65
Families of patients*	80	88	84	86	66
Nurses/HCWs*	81	87	84	86	66
Neuropsychiatric syndromes*	76	83	75	86	60
Legal and ethical aspects:					
Rights of HCWs*	83	89	87	78	78
Rights of AIDS patients*	80	85	87	76	73
Ethical issues*	83	93	86	82	73
Confidentiality/ privacy	78	76	81	81	73
Resources/services available to patients and families:					
Home health nursing*	70	80	75	67	57
Community medical	72	79	75	68	70
University medical	62	63	65	58	61
Referral centers	75	79	78	71	72
AIDS hotlines	65	66	72	61	56
Financial assistance*	63	66	72	61	56
HIV testing sites	64	69	67	62	56

**Significant differences among groups ($P \leq .05$)*

they thought they'd see a patient with AIDS in the next six months in all but four of the information categories listed in Table I—case definition: pediatric AIDS; case reporting: pediatric AIDS; prevention; and confidentiality/privacy. Education level was significantly related to the need for information about the case definition of pediatric AIDS, about all of the at-risk groups and their sexual partners, about AIDS symptom assessment; about safe sexual practices; about the legal and civil rights of health care workers and AIDS patients, and about university medical centers and referral centers. In all cases, nurses with lower education levels needed more information than did nurses with higher education levels.

Age was also significantly related to information needs in several categories. Respondents who were younger had more need than those who were older for information about reporting cases of adults with AIDS and of individuals who test positive for HIV, about intravenous drug abusers, prostitutes, and sexual partners of at-risk persons, about safe sexual practices, about precautions for household contacts, and about home health nursing, university medical centers, and referral centers.

I next asked the nurses to indicate the groups they were likely to help by means of AIDS education, counseling, and referrals (see Table 2). Helping such groups assumes that nurses themselves have the information, knowledge, and skills to do so.

The respondents indicated that they were providing education, counseling, and referral help to all of the groups I asked about. Significant differences among the responding groups were probably related to their specialities and work settings. All four groups of nurses provided assistance to their fellow workers as well as to persons they came in contact with in their employment settings. The groups who were receiving the least assistance were prostitutes and their families, police officers, and firefighters. The groups who were receiving information from all of the nursing specialty groups were other nurses, nursing assistants, and social workers/psychologists.

Whether the nurses provided help to the various groups was significantly related to the probability of their seeing a patient with AIDS in their work setting during the next six months in all but five categories—school-age children and their parents, teenagers and their parents, and maintenance workers. Whether the respondents provided assistance through education, counseling, and referral was also significantly related to education level, age, and occupational setting. Nurses who were less educated, younger, and working in inpatient settings were more likely to indicate that they were helping various groups than were nurses who were more educated, older, and working in other settings. Education level, age, and occupational setting were related to helping all of the at-risk groups and their families, all of the community groups except police officers and fire fighters, and more of the health care worker groups.

In some categories, providing assistance through education, counseling, and referrals was related significantly to the type of residence area in which respondents lived. Nurses in non-SMSAs were more likely than nurses in SMSAs to educate, counsel, and make referrals for teachers, prin-

Table 2. Percent of Respondents Indicating Likelihood of Assisting these Groups (N=832)

	Total N=832	MS N=194	CH N=194	PMH N=233	SCH N=211
At-risk groups:	%	%	%	%	%
Homosexually/ bisexually active males*	46	44	50	65	20
– families of*	55	56	63	62	40
– partners of*	46	44	56	61	20
IV drug abusers*	41	44	46	53	18
– families of*	48	48	55	54	34
– partners of*	40	37	49	53	17
Prostitutes*	23	18	34	33	5
– families of*	26	25	32	31	16
– partners of*	26	22	37	36	10
Blood recipients/ hemophiliacs*	57	74	58	32	66
– families of*	58	70	61	34	69
– partners of*	38	52	48	32	22
Community groups:					
School age children*	44	26	47	22	84
– parents of*	56	36	62	36	89
Teenagers*	52	35	59	44	80
– parents of*	58	45	58	49	79
Teachers, principals*	54	32	57	31	94
Teaching assistants*	48	29	48	24	91
Police*	30	37	42	24	17
Firefighters*	26	33	38	22	15
Health care workers (HCWs):					
Other nurses*	77	87	82	79	62
Nursing assistants*	76	86	81	77	62
Social workers/ psychologists*	69	59	71	70	74
Hospice workers*	39	46	61	36	15
Home health aides*	40	40	70	35	16
Families/partners of HCWs*	50	51	67	48	36
Clerical workers*	58	56	63	50	66
Food service workers*	47	48	42	34	68
Maintenance workers*	46	48	36	33	70

**Significant differences among groups ($P \leq .05$)*

cipals, and teaching assistants, teenagers, and the families of prostitutes and drug abusers. When I examined specialty groups individually, I found the same pattern. If residence area was related to providing assistance, nurses in non-SMSAs were more likely to indicate that they were helping various groups.

Finally, I asked the nurses to indicate the resources they use or prefer for obtaining information about AIDS (see Table 3). All of the nurses clearly preferred continuing or inservice education, professional journals, newspapers and magazines, and television and radio. Significant differences were most obvious in the use of specialty nursing journals. The probability of seeing a patient with AIDS in the next six months was significantly related to the use of resources. The nurses who thought it was likely that they would see a person with AIDS were more likely to use all of the professional resources listed than were those who did not expect to see an AIDS patients. Area of residence, education, and occupational setting were also significantly related to resource use. Nurses living in SMSAs were more likely than those living in non-SMSAs to use *The American Nurse,* local public health newsletters, and reports from the Centers for Disease Control (CDC). Those educated at lower levels used continuing education resources and those at higher levels used journals and *The American Nurse.* Nurses who worked in schools of nursing were more likely to use journals and *The American Nurse,* and nurses who worked in outpatient settings were more likely to use local public health newsletters.

Table 3. Percent Indicating Use of Information Sources (N=832)

	Total N=832 %	MS N=194 %	CH N=194 %	PMH N=233 %	SCH N=211 %
Continuing/inservice education*	87	89	83	81	95
*American Journal of Nursing**	80	87	86	77	72
*Journal of Community Health Nursing**	38	19	74	27	32
*Journal of Psychosocial Nursing**	40	18	28	86	14
*Journal of School Health**	36	8	33	11	89
*Nursing '87**	62	83	62	47	57
*The American Nurse**	49	61	57	60	15
CDC Reports (MMWR)*	42	32	60	32	49
AIDS Nursing Update newsletter	43	39	41	43	50
Local public health newsletters*	27	16	19	14	58
Newspapers/magazines*	87	83	84	89	91
TV/radio	84	81	80	86	81

**Significant differences among groups (P ≤ .05)*

Relationships among Categories

I used the Pearson product moment correlation coefficient to examine relationships among the categories of AIDS information needs, groups that nurses were likely to assist through education, counseling, and referral, and preferred information resources. Many correlations were not statistically significant; many others were only weakly significant. Significant low-moderate direct correlations occurred infrequently between information needs and groups helped where they might be expected to occur. The need for information about the case definition of pediatric AIDS correlated with assisting school children, teenagers, parents, teachers, and principals. The need for information about various at-risk groups, psychosocial care, assessment of neuropsychiatric complications, and community resources correlated with helping at-risk groups. The need for information about precautions in the workplace, ethical and legal issues, and community resources were related to assisting other nurses and health care workers. Finally, the need for information about legal and ethical issues correlated with the use of continuing education as an information resource.

Discussion

The responding nurses' information needs differed according to their specialties and work settings. However, the most striking aspect of the findings was that more than 70 percent of nurses in all specialty groups indicated a need for information in areas that are directly related to their practices. These areas were AIDS symptom assessment, transmission in the workplace, precautions for health care workers, psychosocial care of patients, and legal and ethical issues for patients and health care workers. Nurses must be knowledgeable in these areas to provide care for AIDS patients and to protect themselves.

Again, based on their specialties and work settings, the nurses indicated that they were providing assistance through education, counseling, and referrals to the various at-risk groups, community groups, and health care worker groups. All of the specialties were most likely to help other nurses and health care workers. Finally, the respondents indicated using both professional and popular educational resources to obtain AIDS information. All four groups of nurses agreed on the use of continuing education programs, journals, newspapers and magazines, and television and radio as resources.

The most consistent study finding was that the need for information was significantly related to the likelihood of seeing a patient with AIDS in the work setting. Nurses who thought they were likely to see a patient with AIDS felt a greater need for information, were more likely to help various groups, and used more resources than did nurses who did not think they were likely to see a patient with AIDS. In addition to indicating a greater need for information, the nurses who expected to see AIDS patients were younger, less educated, and more likely to work in a hospital than were the nurses who did not expect to see AIDS patients.

Since 51 percent of the nurses ex-

pected to see AIDS patients and since an even larger majority indicated needing AIDS information directly related to their practices, educators, employers, and professional organizations and journals must strive to provide this information.

Reading and hearing information about AIDS alone will not change attitudes and practice. Repetitive learning and demonstrations are also necessary to keep skills up-to-date.

Eighty-seven percent of the respondents preferred to obtain the information they need via continuing and inservice education programs. To keep nurses' knowledge up-to-date, employers and educators can regularly offer AIDS inservice programs to address the areas of need the nurses pinpointed. To encourage attendance, the programs should be offered during working hours and should include continuing education credit. Employers and educators should keep in mind nurses' preferences for television and radio as information resources as they plan education programs. Lewis and his colleagues found that mass communications greatly affected physicians' knowledge about AIDS [27]. Using audiovisual media and persons with AIDS and their families as speakers can add impact to the information.

Other suggestions for sound educational programs come from previous research and experience with continuing health education. Researchers who have studied nurses' and physicians' knowledge of AIDS have suggested that, in addition to reading and listening to information about AIDS, nurses and physicians need hands-on experience if they are to overcome fears and negative attitudes and incorporate knowledge about AIDS into their practices [28,29]. These investigators suggest that reading and hearing information about AIDS alone will not change attitudes and practice, and that knowledge that is not used is soon forgotten. Experience with training individuals to carry out cardiopulmonary resuscitation (CPR) suggests that repetitive learning and demonstrations are necessary to keep skills up-to-date.

These recommendations may explain in part why the nurses I surveyed indicated needing AIDS information that has been addressed comprehensively in the nursing and related health literature and through nursing workshops and conferences. Articles in nursing journals have addressed AIDS symptom assessment, hospital and home care for patients with AIDS, transmission in the workplace, and precautions for health care workers. Despite this, nurses continue to ask for more of the same information. To be responsive to nurses' needs and learning behaviors, nursing journals should continue to provide information about AIDS regularly and repetitively.

The respondents to my survey also indicated needing information about the psychosocial and legal and ethical aspects of AIDS. Although most articles on AIDS in nursing journals include brief sections on psychosocial and legal and ethical concerns, the nursing literature has not addressed these topics as extensively as the allied health literature has. Nursing publications also have not addressed comprehensively the assessment and recognition of neuropsychiatric symptoms of persons with AIDS.

Finally, if nurses are to have an impact on stemming the AIDS epidemic, they will have to focus much of their practice on prevention. For this to occur, nurses need knowledge and practice in sexual history-taking and counseling and in drug-abuse history-taking and counseling. Nurses are neither skilled nor comfortable in these areas at this time. Nursing journals and inservice and continuing education programs should focus on these areas regularly and comprehensively. Employers and educators can also provide clinical practice experience in these areas. A combination of these various learning experiences can give nurses AIDS-related skills and knowledge they can retain and apply to their practices. In the end, everyone AIDS touches will benefit.

References

1. Beckham, M.M., and Rudy, E.B., Acquired immuno-deficiency syndrome: Impact and implication for the neurological system, *Journal of Neuroscience Nursing*, 1986, 18(1), 5-10.
2. Bennett, J., AIDS: What precautions do you take in the hospital? *American Journal of Nursing*, 1986, 86(8), 952-953.
3. Bennett, J., AIDS, What we know, *American Journal of Nursing*, 1986, 86, 1016-1021.
4. Carr, G.S., and Gee, G., AIDS and AIDS-related conditions: Screening for populations at risk, *Nurse Practitioner*, 1986, 11(10), 25-46.
5. Durham, J.D., and Hatcher, B., Reducing psychological complications for the critically ill AIDS patient, *Dimensions of Critical Care Nursing*, 1984, 3(5), 300-306.
6. McDonnell, M., and Sevedge, K., Acquired immune deficiency syndrome, in Brown, M.D., and others (eds.), *Standards of Oncology Nursing Practice*, New York: John Wiley, 1985, 563-594.
7. Wolff, P.H., and Coletti, M., AIDS: Getting past the diagnosis and on to discharge planning, *Critical Care Nurse*, 1986, 6(4), 76-81.
8. Bryant, J.K., Home care of the client with AIDS, *Journal of Community Health Nursing*, 1986, 3(2), 69-74.
9. Hellman, S.L., The AIDS epidemic, *American Association of Occupational Health Nurses*, 1986, 34(6), 285-290.
10. Schietinger, H., A home care plan for AIDS, *American Journal of Nursing*, 1986, 86, 1021-1028.
11. Tillis, M.S., Reducing the risk of acquiring AIDS, *American Association of Occupational Health Nurses*, 1986, 34(9), 432-434.
12. See note 1, above.
13. Newmark, D.A., Review of a support group for patients with AIDS, *Topics in Clinical Nursing*, 1984, 6(2), 38-41.
14. Rubinow, D.R., The psychosocial impact of AIDS, *Topics in Clinical Nursing*, 1984, 26-30.
15. Simmons-Alling, S., AIDS: Psychosocial needs of the health care worker, *Topics in Clinical Nursing*, 1984, 6, 31-37.
16. Ingles, A.D., and Lozano, M., AIDS and the neonatal ICU, *Neonatal Network*, 1986, 5(3), 39-43.
17. Klug, R.M., Children with AIDS, *American Journal of Nursing*, 1986, 86, 1126-1132.
18. Loveman, A., Colburn, V., and Dobin, A., AIDS in pregnancy, *JOGYN*, 1986, March-April, 91-93.
19. Macks, J., The Paris AIDS conference: Psychosocial research, *Focus*, 1986, 1(10), 1-2.
20. van Servellen, G.M., Lewis, C.E., and Leake, B., Nurses' knowledge, attitudes and fears about AIDS, *Nursing '87*, in press.
21. Lewis, C.E., Freeman, H.E., and Corey, C.R., AIDS-related competence of California's primary care physicians, *American Journal of Public Health*, 1987, 77(6), 1-5.
22. See note 19, above.
23. Douglas, C.J., Kalman, C.M., and Kalman, T.P., Homophobia among physicians and nurses: An empirical study, *Hospital & Community Psychiatry*, 1985, 36(12), 1309-1311.
24. Matthews, W.C., Booth, M.W., Turner, J.D., and Kessler, L., Physicians' attitudes toward homosexuality: Survey of a California medical society, *Western Journal of Medicine*, 1986, 144, 106-110.
25. See note 19.
26. See note 21, above.
27. Lewis, C.E., Freeman, H.E., Kaplan, S.H., and Corey, C.R., The impact of a program to enhance the competencies of primary care physicians in caring for patients with AIDS, *Journal of General Internal Medicine*, 1986, 1(5), 287-294.
28. See note 20, above.
29. Lewis, C.E., and Freeman, H.E., The sexual history taking and counseling practices of primary care physicians, *Western Journal of Medicine, 1987.*

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Delivering Economics to the Classroom

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Nursing & HEALTH CARE

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Cover Story

Delivering Economics to the Classroom

The authors of this month's cover stories argue that, to advance, nursing has to recognize real-world realities and teach its students to face them head-on. **Pages 126 and 132.**

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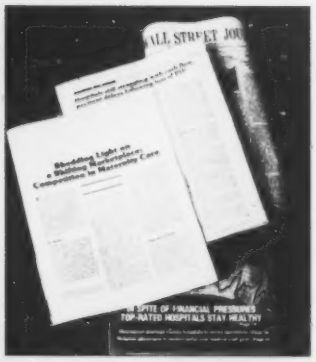

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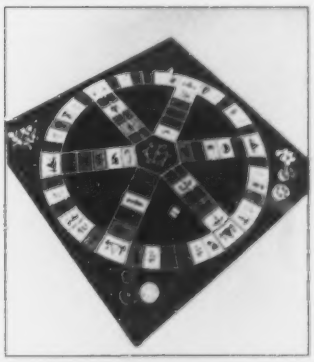

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NURSING & HEALTH CARE offers diverse views on subjects of interest to readers. Articles represent the opinions of individual contributing authors and are not necessarily those of the National League for Nursing.

Teaching Nurses the Language of the Marketplace

DIANE O. MCGIVERN

The notion of adding one more course to nursing curricula that will give absolutely necessary new information should, at the very least, make educators wary. Economics might be the latest in a long line of subjects, including ethics, the legal aspects of practice, computers, and health policy, that we try to force into already overloaded programs of study. However, there are several compelling reasons to include economics as a course requirement in nursing programs.

Edwin Mansfield has explained that "Economics promotes a better understanding of the nature and organization of our society and other societies, the arguments underlying many of the great public issues of the day, and the operation and behavior of business firms and other decision making units [1]." Although some health care professionals question whether economics should apply to health care, we can fit the notion of health care services into Mansfield's description. This definition, which is consistent with nursing's appreciation of the relationship between human beings and their environments, also provides us with another interpretation of behavior—the economic behavior of the health care market. Such disinterested explanations of our professional environment give some balance to nurses' occasionally paranoid view of themselves as victims in the health care system.

The second reason for including economics in nursing curricula is the fact that the people who make the decisions that affect the system consider health care a commodity over which providers and consumers bargain. Health care economists and policy analysts agree that the decision makers will hold this economic view of health care throughout our professional lifetimes.

A third argument for incorporating economics into nursing curricula is that appreciating and using economic theories will help the profession advance. Analyzing the health care system in economic terms gives nurses a broadly accepted point of view—that of providing non-nursing arguments consistent with nursing's goals. For example, from the economic point of view, the health care industry is not performing well because entry into the system is restricted and because the industry is inefficiently organized. Using nonphysician providers can increase physician productivity, reduce health care costs, and increase the supply of services [2]. This has been one of nurses' hypotheses, but, when we put it as an economic argument, health care economists and policy analysts can accept it, or at least understand it.

The economic viewpoints and language a variety of disciplines share provide a common ground from which to look at issues, which can make nursing more persuasive. Nursing's policy statements that have focused on normative rather than on positive economics or on a recognition of both have not received full recognition. Using positive economics, individuals predict, describe, or explain economic behavior. We can test propositions in positive economics by an appeal to fact. On the other hand, using normative economics, individuals make statements about what ought to be, or about what a person, organization, or nation ought to do. With normative economics, the results we get depend on our values or preferences.

We can all probably think of examples of how the authors of organi-

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zations' policy statements have confused positive and normative economics. For example, a policy that includes a testable economic statement might read, "We are concerned about X problem in industry because the resulting unemployment will cause some percentage of the population to lose all health care insurance. Loss of insurance coverage has been shown to lead to an increase in low birthweights." A less-effective policy statement based on an organization's or the profession's values might read, "We believe that the government must extend Medicaid benefits to cover all unemployed and uninsured individuals for the next 18 months."

To determine whether the arguments I have presented are compelling enough to warrant integrating economics into baccalaureate and master's curricula, we have to look at what typically is included in economics and health care economics courses and to see if those topics are relevant to the current health policy issues and discussions nurses feel they should be involved in.

Nurses have based our agenda and policy discussions on our strongly held set of values, and we have insisted that policy and financing follow our normative guidelines. To participate seriously in the public and health policy arena, we must be conversant with the vocabulary, the analytic style, and the history of the issues.

Finally, I believe that practitioners in any field are empowered by their knowledge of the industry's workings. Understanding economic principles that are neutral and independent should reduce the professional and personal paranoia that sometimes characterize nurses' actions on behalf of our profession and of the consumers of health care services.

Fairness dictates that I also look at the arguments against taking economics or health care economics into the curriculum. The first and probably universal reaction among directors of nursing and school of nursing faculties is, "there is no room for one more."

The second compelling argument for not endorsing economics or health care economics as a curricular requirement is that not all institutions have departments of economics or the faculty members to teach the material. This is certainly not a discipline to be taught interpretatively by nursing faculty members. In addition, a variety of health care providers have argued against such a nonclinical addition to health professions' curricula, holding that clinicians should not be involved with the economic aspects of services, but rather should be concerned with quality, equal access, and expanding the availability of services.

We should not decide this issue yet, based on my arguments or those of others. Before we decide, we have to examine the descriptions of practitioners with baccalaureate and master's degrees to see how economics or health care economics might fit into their educations and into their practice.

Undergraduate Education

A series of reports done by the American Association of Colleges (AAC), the Carnegie Foundation, and others, and the efforts of institutions such as the University of Pennsylvania, Harvard University, and Brooklyn College, point to a rising concern about the cohesive and intellectual coherency of undergraduate education generally. Explicit in this reexamination of undergraduate curricula is criticism of most education programs as too technical or too profession- or career-oriented. Nursing educators have espoused marrying liberal education to professional preparation, but general educators question how feasible our goals are in this regard.

The authors of the AAC report propose that a minimum required program for all undergraduates would consist of intellectual, aesthetic, and philosophical experiences and not just a set of required courses [3]. They suggest nine essential experiences; among them are at least two that are consistent with inquiry and logical thinking and with understanding numerical data. Although the report authors state clearly that they are not proposing a specific subject for the curriculum, they say, "... we are arguing for a recognition throughout the course of study of the necessity for sharpening the ability of students to understand numerical data, recognize their misuse, the multiple interpretation they often permit, and the way they can be manipulated to mislead ... in a world of numbers students should encounter concepts that permit a sophisticated response to arguments and positions which depend on numbers and statistics [4]."

The emphasis on reevaluating education for personal and professional development has been a theme of many nursing studies as well. Although several of the investigations are in progress, the researchers have released findings for comment. In a project for the American Association of Colleges of Nursing (AACN), which defined the essentials of higher education for nursing, the investigators list 12 essential components of liberal education. In one, they expect students to understand "mathematical concepts, interpret quantitative data, and use computers and other information technology"; in another, they expect students to understand "current social, political, and economic issues and use knowledge about them to participate in their resolution [5]."

In the report of the Institute of Medicine's (IOM's) 1983 study, the IOM's Committee on Nursing and Nursing Education urged that individually and collectively nurses put in place changes in health services delivery and engage in research activities and policy initiatives, all of which require an understanding of economics and the economics of the delivery system [6]. The researchers who did the American Nurses' Association's (ANA's) recent survey on scope of practice listed some behavioral statements that assume

knowledge of the economic determinants of practice. The statements apply to practitioners in all levels of nursing practice.

The support I have cited for economic content is largely implicit—researchers who conduct general education and nursing education studies value information about economics, but they do not specifically recommend a prescribed set of courses. And, interestingly enough, they do not discuss their own assumptions that knowledge of economics is basic to their recommendations.

The same implicit expectation holds for new graduates with baccalaureate degrees. Clinical directors, supervisors, and vice presidents for nursing describe practice settings as economically determined, but they do not get specific about what beginning practitioners know about economics and health care economics, or even about what to learn on the job during their first year of practice.

Graduate Education

Master's education is increasingly clinically focused, and appropriately so. The authors of the ANA's social policy statement, published in the early eighties, described the social context, scope of practice, and specialization issues in nursing [7]. Although they outlined five major health care initiatives, which to varying degrees require nursing leadership, in their discussion of specialist master's degrees, they make few references to formal learning or activities relating to the economic determinants of practice.

We can glean what expectations faculties and administrators have for nurses with master's degrees from several sources. One source is the expectation that baccalaureate program faculties will not only understand the significance of economics in clinical practice but also point out application in the clinical courses. Specifically, the authors of the AACN report say that "arts and sciences faculty bear responsibility for the liberal education ... but professors of nursing must respect and model the enlightened use of that knowledge in their classroom and clinical settings [8]."

There is some evidence that educators are beginning to integrate information into some graduate courses. A survey of graduate programs done by Dunn, Hodges, and Collins produced responses from 72 programs, 49 of which had required or elective courses in health policy [9]. The researchers rank-ordered the topical areas covered by these courses, and the listings that cover economics-related content are interesting (see Table 1). Otto, Andreoli, and Musser later replicated these findings [10].

The Magnet Hospital study provides a description of practice in hospitals. Staff nurses and administrators who described the critical elements of participatory management and leadership emphasized a number of economic components. Directors of nursing expected nurses to offer suggestions for budget planning based on staff nurses' understanding of the total hospital program, nursing, and budgeting. According to the investigators, "With such knowledge and involvement, the staff are expected to deliver high quality care and control costs [11]."

To determine whether these arguments are compelling enough to warrant integrating health care economics into baccalaureate and master's curricula, we have to look at what typically is included in economics and health care economics courses and to see if those topics are relevant to the current health policy issues and discussions nurses feel they should be involved in.

Topics in Economics

In microeconomics courses, baccalaureate or master's students will learn about:

- Economic models, including capitalism
- How the price system negotiates supply and demand
- The economic role of government and what functions the government should perform
- Organization, motivation, and technology in business
- Market demand
- The elasticity of demand and supply
- Cost analysis
- Consumer choice
- Competition
- Monopolies
- Determinants of wages
- Interest
- Income inequality, poverty, and discrimination

Some topics that might be included in a health care economics course are:

- Applied economic analysis—the distinctive economic characteristics of the health care industry
- Cost-benefit and cost-effectiveness analysis—measuring the impact of health programs
- Demand analysis—determinants of health care use, demand, and supply
- Economic efficiency in care delivery and health manpower use
- Production and costs of hospital services
- Efficiency in delivery and the financing of long-term care
- Competition versus regulation—vouchers, competitive bidding, competition among fee-for-service and capitation providers
- The economics of health insurance
- Reimbursement for hospitals, ambulatory care, and prepaid capitated plans

It is up to us to decide whether this kind of information, in microeconomics and in health care economics, is appropriate information for nurses to have. We would all certainly be more effective health care professionals if we had the background to participate in policy formulation, not only using our clinical nursing experience but speaking and understanding the common language of economists and policy analysts.

Nurses would certainly be more effective professionals if we had the background to participate in policy formulation, not only using our clinical experience but speaking and understanding the language of economists and policy analysts.

I have presented strong circumstantial evidence for the need to include the social science of economics in nursing curricula so that practitioners will be able to work in an industry about

Table 1. Content list: Topics cited in required and elective health policy courses by frequency of citation and rank order

Topic name and frequency	Rank order
1. Health policy defined (35)	1
2. Health decision making and the political structure (34)	2
3. Policy versus politics (34)	2
4. Health care financing (34)	2
5. Congressional process and health policy (32)	3
6. States' roles in health policy (32)	3
7. Types of policies (31)	4
8. Power: the fundamental concept (31)	4
9. Changing roles of consumers, providers, government, and business (31)	4
10. Politics: the allocation of scarce resources (30)	5
11. Agents of power (30)	5
12. Political savvy—survival tips (30)	5
13. Lobbyists and lobbying: nursing's effectiveness (29)	6
14. Social roles and responsibilities of government and citizens (29)	6
15. Historical review of U.S. health policies and programs (29)	6
16. Trends in organization and financing of health care (29)	6
17. Issues in nursing practice (28)	7
18. Competition versus regulation of health care (28)	7
19. Implementation: rules and regulations, planning, laws (28)	7
20. Participation in policy processes (28)	7
21. State/local political structure (27)	8
22. Political economy of health services (27)	8
23. Regulation/credentialing of services and providers (27)	8
24. Projections related to supply, demand, and future of health care (27)	8
25. Policy processes: formulation, implementation, evaluation (26)	9
26. Roles of government branches (26)	9
27. Values and assumptions underlying policies (25)	10
28. Why study policy making (25)	10
29. Key federal agencies (25)	10
30. Rationing health care services (24)	11
31. Health planning efforts (24)	11
32. Policy spheres, traditional boundaries (23)	12
33. Economic structure/system and policy (23)	12
34. Political participation: women and politics (23)	12
35. Alternative providers and systems of care (22)	13
36. New players: entrepreneurs and corporate interests (22)	13
37. Policy analysis and research (22)	13
38. Competition among providers (21)	14
39. Economic assumptions in market systems (21)	14
40. Rights and privileges in a democratic society (20)	15
41. World health systems: comparative policies (20)	15
42. Distributive justice: the ethics of cost containment (20)	15
43. Models of policy analysis (17)	16
44. Methods/techniques of analysis (16)	17
45. Qualitative versus quantitative methods (15)	18

Source: Solomon, Sally B., and Roe, Susan C. (eds.), Integrating Public Policy into the Curriculum, *New York: National League for Nursing, 1986, 48–49, with permission.*

which they are knowledgeable, shape the practice environment, and participate in institutional and broader-scale health policy formulation.

I believe this topic raises a number of additional questions that are interesting to think about:

- How do professions, including nursing, resolve the clinical and the nonclinical demands of practice?
- How will nursing continue to improve the quality of its practitioners while expanding the knowledge and skills expected of practitioners in the face of a diminished pool of potential practitioners?
- What guidance can we give to nurse educators about the length and content of baccalaureate programs to accommodate the requirements of the more information needed for autonomous practice?
- How best should we help ready faculty members to develop and put in place curricula that respond constructively to the economic and social pressures on health care delivery?
- What can we each do to prepare to participate in the policy discussions about quality and efficiency that are shaping both nursing education and practice?

Nursing will grow strong when we have answered these questions.

References

1. Mansfield, Edwin, *Study Guide for Principles of Microeconomics,* fifth edition, New York: W.W. Norton and Company, 1986, 1.
2. Sharp, Ansel, M., and Leftwich, Richard H., *Economics of Social Issues,* seventh edition, Plans, Texas: Business Publications, 1986, 242-246.
3. Association of American Colleges, *Integrity of the College Curriculum: A Report to the Academic Community,* Washington, D.C.: AAC, 1985, 15-24.
4. See note 3, above, 17-18.
5. American Association of Colleges of Nursing, *Essentials of College and University Education for Nursing. A Working Document,* February 1986, 7.
6. Institute of Medicine Committee on Nursing and Nursing Education, *Nursing and Nursing Education: Public Policies and Private Actions,* 1983,2-23.
7. American Nurses' Association, *Nursing: A Social Policy Statement,* Kansas City, Missouri: ANA, 1980, 3-4, 21-30.
8. See note 5, above, 7.
9. Solomon, Sally B., and Roe, Susan C., *Integrating Public Policy into the Curriculum,* New York: National League for Nursing, 1986.
10. Otto, Andreoli, and Musser, personal communication, November 17, 1986.
11. American Academy of Nursing, *Magnet Hospitals: Attraction and Retention of Professional Nurses, Kansas City, Missouri, 15-17, 41-49.*

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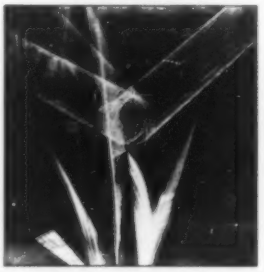

Author Sandra L. Warner learned that, even with a law on the books, getting insurance payments for services takes persistence.
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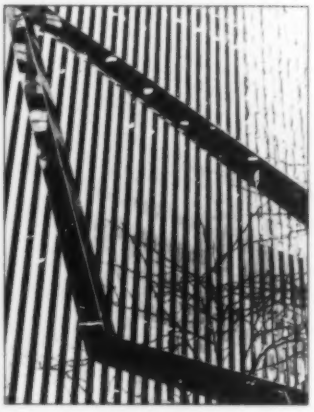

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Measuring Student Retention: A National Analysis

PERI ROSENFELD

New admissions to programs that educate students to earn registered nurse (RN) licenses are falling. In 1983-84, almost 124,000 students were working toward an RN for the first time. By 1985-86, that number had dropped 18.5 percent, to 101,000. Although some individual programs have suffered more than others, all program types are feeling the pinch.

The figures are troublesome, but there are some neglected issues lurking behind them, particularly with regard to recruiting and retaining students. For example, for many programs, admission requirements are minimal and, until the recent crisis, schools have not been very methodical or creative in their recruitment schemes [1]. In addition, although there is no more important job for programs than bringing students in, education watchers have speculated that a deteriorating retention rate is also draining off the already low pool of nursing students.

To know what the nursing supply will look like in years to come, we have to analyze retention rates at the nation's nursing schools. Whether programs are holding on to students is a factor we have to contend with in this era of shortage. Just how bad is the retention picture?

Peri Rosenfeld, PhD. is the director of research at the National League for Nursing.

Most authors who have written about student retention have used case studies to assess individual program's abilities to keep students enrolled until they graduate [2,3]. These authors have correlated independent variables, such as the students' ages, marital statuses, and places of residence, to outcomes, such as drop-out rates, students' grade point averages, and so on. This works for studies of individual schools, but it doesn't give programs a comprehensive understanding of how their retention rates compare with those of other programs.

It's easy to ask a program director whether his or her program has had trouble keeping students; it's harder to empirically measure retention rates on a more comprehensive aggregate level. Aside from the lack of information on why individual students stay or leave, the first methodological obstacle is finding a large, accurate data base that provides class-by-class enrollment data. Luckily, the National League for Nursing's (NLN's) annual survey of nursing education programs provides such a base.

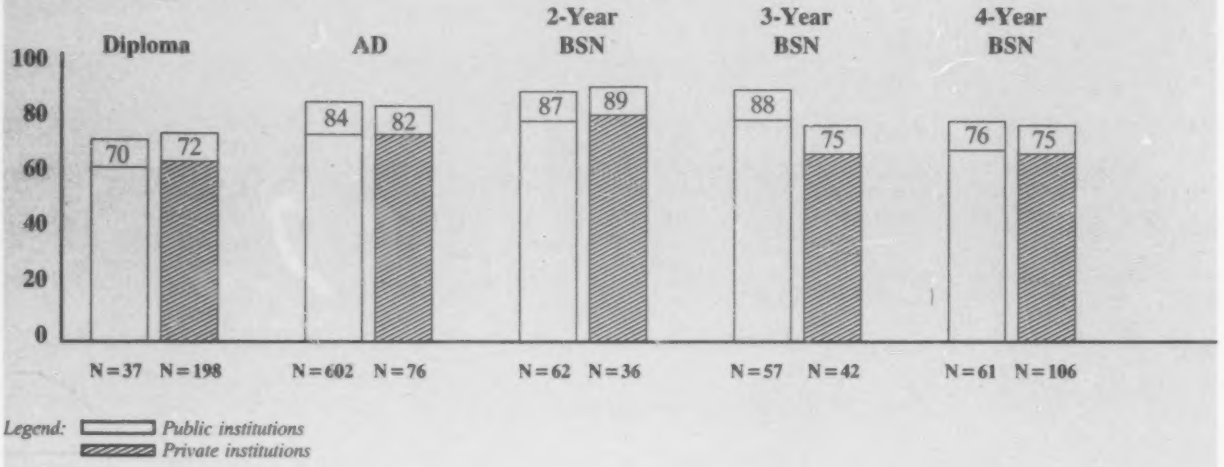
A second methodological problem is more tricky to overcome. NLN's class-by-class data does not distinguish first-time students from students who have transferred or are returning to school. If 100 students are enrolled in a freshman class in 1985 and 100 students are enrolled in the sophomore class in 1986, it looks as if the program's retention rate was 100 percent. What we don't know is whether 10 students left after the freshman year and were replaced with another 10 students in the sophomore year. Therefore, we have to report net retention rates rather than actual rates. Still, these statistics are valuable guideposts to a better understanding of retention in nursing programs and to the financial and personnel resources needed to keep a program alive.

In addition to gleaning a statistical measure of retention, we included in the 1986 survey an addendum on special topics in which we asked program directors to point out the factors that contribute to their retention problems, if they have them.

Statistical Measure

We analyzed class-by-class enrollment data from the 1985-86 annual survey by comparing the enrollments of one class to another and combining the retention rates for all potential classes. Associate degree in nursing (ADN) programs offer the simplest illustration: we compared the number of freshmen in 1985 to the number of

Figure 1. Nursing Schools' Net Retention Rates, 1985–1986



sophomores in 1986 and then compared the number of sophomore enrollees to the actual number of graduates at the end of the academic year. For diploma programs, we followed two sets of classes, and for bachelor's of science in nursing (BSN) programs, we traced four classes.

The NLN annual survey is comprehensive; we query all operating programs. Although we are committed to a 100 percent response rate for all key data—total enrollments, graduates, and so on—a slightly smaller percentage of the programs respond to the entire survey. We also had to eliminate programs that had incomplete data for either 1985 or 1986 from this analysis. In the end, we included in the analysis data from 99 percent of the 238 diploma programs, 87 percent of the 776 ADN programs, and 83 percent of the BSN programs. Overall, full data was available for 87 percent, or 1,280, of the nation's programs.

We broke down net retention rates by program type, type of financial support, and program length. Diploma programs registered the lowest net retention rates: 70 percent at public programs and 72 percent at private institutions. The majority of diploma programs are private. We did find some regional differences; the Midwest reported the strongest net retention rates (see Figure 1).

On a national level, ADN programs registered net retention rates in the low 80 percent range: 83.6 percent for public and 81.8 percent for private institutions. Among public institutions, in which the vast majority of ADN programs reside, the West reported an almost 88 percent net retention, the Midwest reported an 87 percent rate, the North Atlantic reported 83 percent, and the South reported 79 percent.

Analyzing BSN programs was more complex because of differing program lengths. Also, there are about the same number of public and private institutions, so the findings are less transparent than with the other types of programs. For public programs, the numbers of two-year, three-year, and four-year programs are almost identical. Although we speculated that longer programs would have higher attrition rates, the data do not bear this out. The three-year programs had the highest net retention rates—88 percent—closely followed by two-year programs, which registered an 87 percent net rate. Four-year public BSN programs came in at 76 percent. No regional variations emerged.

The picture for private institutions is quite different. First, there are significantly more four-year programs at private schools. The numbers of two- and three-year programs are closer. The most apparent finding is that three- and four-year programs have identical retention rates—75 percent. Two-year private BSN programs register the highest net retention rate of all BSN categories. This finding holds true for all regions in all the BSN groupings.

When we compare public and private BSN programs to ADN and diploma programs, we see that two-year BSN programs have the overall best rates. Three- and four-year programs clearly have stronger rates that diploma programs. Some segments of the ADN programs compare favorably to BSN programs; others do not.

The findings are surprising. Compared to general attrition rates at institutions of higher learning, nursing has a remarkably strong and high net retention rate. Even on its own merit, the retention rate is good.

What does this mean? First, that nursing faculty members are doing things right. The Herculean efforts to ensure the survival of nursing programs—remediation, tutoring, handholding, and so on—are panning out. Despite concerns about new applicants to nursing programs, the students are making it through. Programs expend effort and energy to make this happen and it works. Questions remain, though. The first is how the retention rate compares to those of past years; the second is what this means at the level of the institution.

Figure 2. Nursing Schools' Net Retention Rates, 1978/79–1985/86

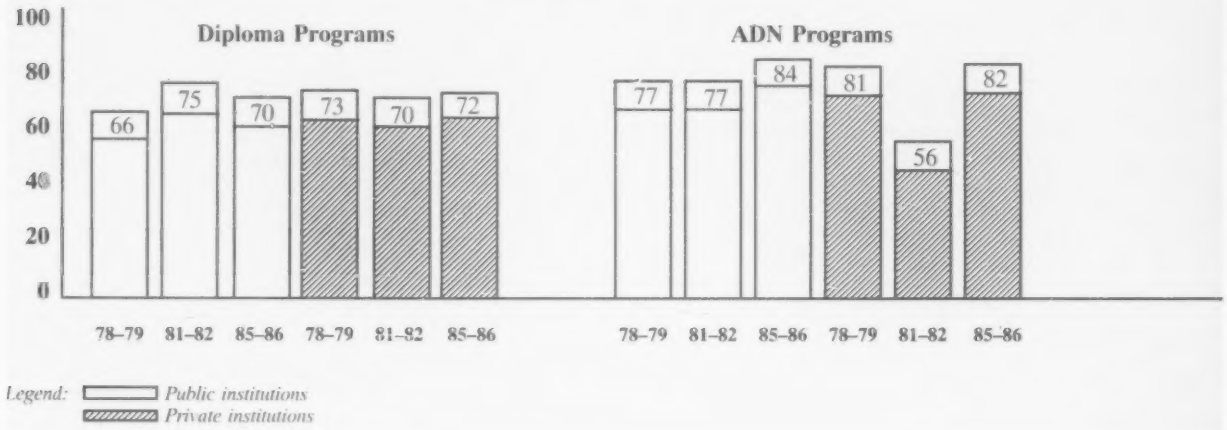


Figure 3. Nursing Schools' Net Retention Rates, 1978/79–1985/86

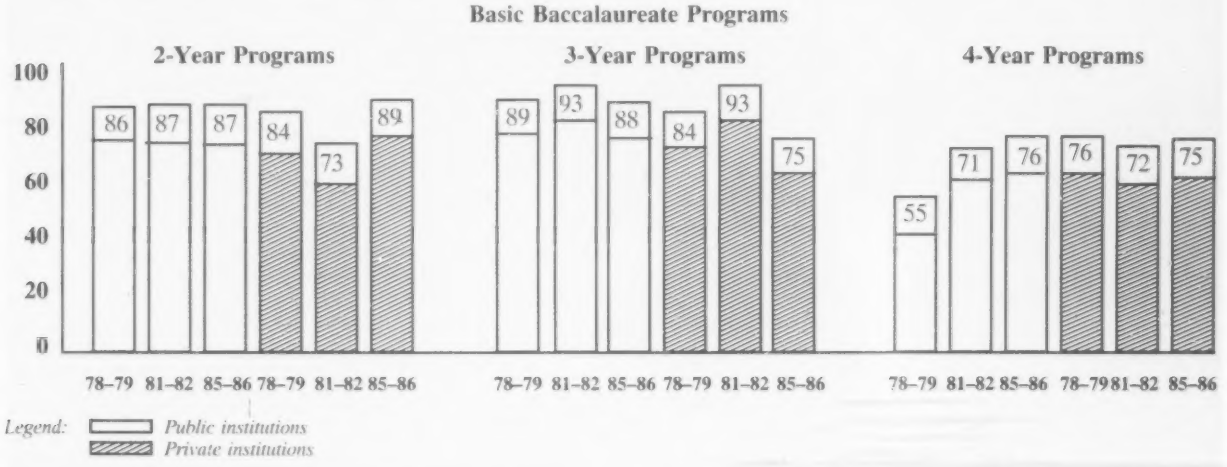


Figure 4. Percentage of Nursing Schools Having Trouble With Retention, 1986

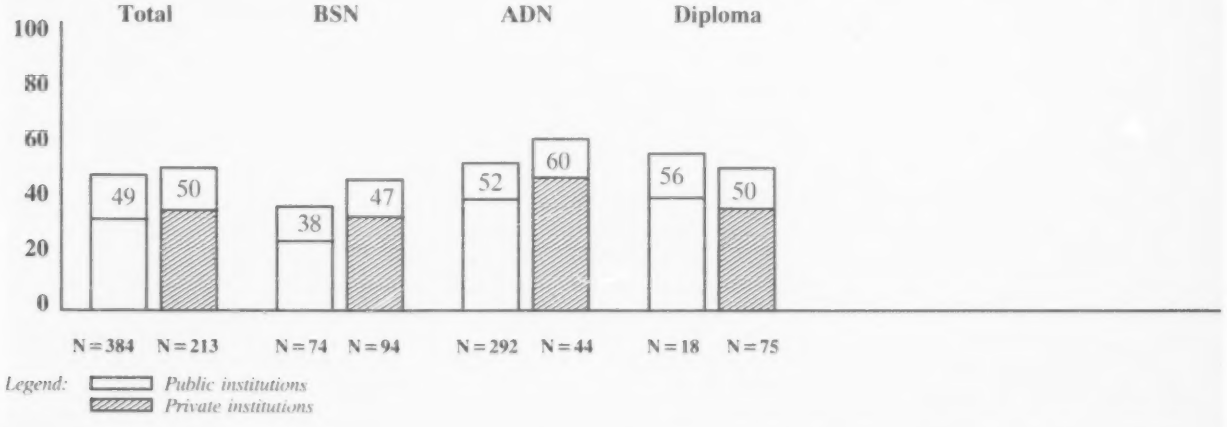
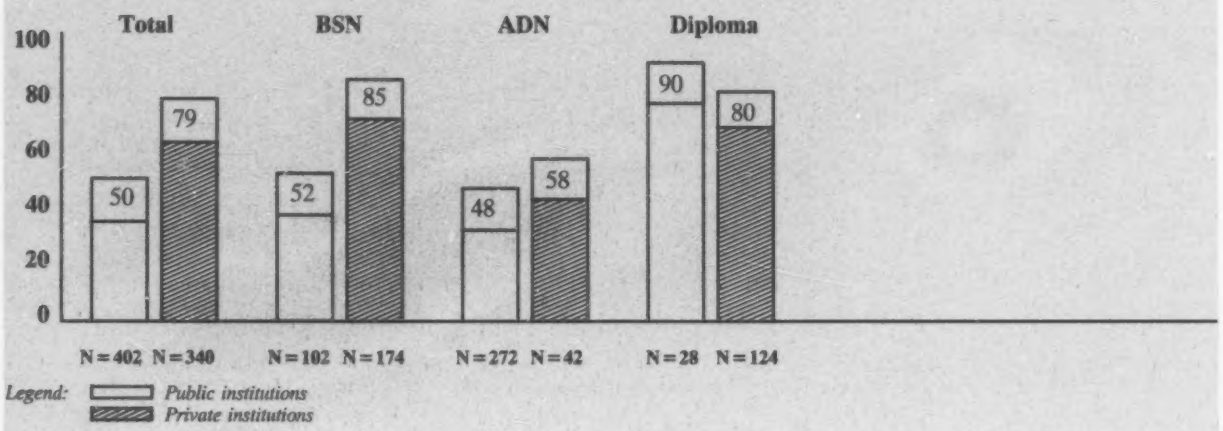


Figure 5. Percentage of Nursing Schools Having Trouble with Recruitment, 1986



NLN last measured the net retention rates in 1981-82 and before that in 1978-79 [4,5]. The net retention rate has improved for public diploma programs and has remained almost unchanged for private programs. Private ADN programs experienced a dramatic downfall between 1978-79 and 1981-82 and have managed to recoup their losses since then (see Figure 2). Most types of BSN programs, regardless of length of financial support, have either improved or maintained their net retention rates. The only exception is three-year private BSN programs, whose net retention fell dramatically from both 1981-82 and 1978-79. The most remarkable increase occurred in public four-year programs; it jumped from 55 percent in 1978-79 to 71 percent in 1981-82 and to 76 percent in 1985-86 (see Figure 3).

One interpretation of these facts is that in previous years schools saw attrition as a weeding-out process. Today, programs recognize attrition as a critical problem to conquer.

In terms of the data alone, net retention at the nation's nursing schools is satisfactory. However, the numbers do not help us understand what efforts institutions are making to produce them. Also, we need a better handle on what features of the contemporary nursing student population make it so difficult to hold onto them.

To better understand the extent of the retention problem and what factors contribute to it, we asked directors of nursing schools about retention.

Eighty-five percent, or 1,250, of the nation's directors of nursing programs answered questions about retention at their schools. Eighty percent of the directors of diploma programs, 84 percent of the directors of ADN programs, and 90 percent of the directors of BSN programs responded.

About 50 percent of all programs claim to have difficulty retaining students. The number of BSN programs that reported a retention problem was slightly lower than the numbers of ADN or diploma programs (see Figure 4). On the other hand, more than 60 percent of all of the programs reported recruitment problems. ADN programs reported having less of a problem than the others (see Figure 5).

The directors of all of the program types ranked "students have difficulty with required courses" as the number one factor that contributes to retention problems. Diploma and ADN programs agreed that the number two factor is "personal problems/family obligations," the number three factor is "financial difficulties," and the number four factor is "inability to find jobs."

BSN program directors indicated that "financial difficulties" and "personal problems/family obligations" are equally important at rank number two. "Inability to find jobs" ranked a distant fourth.

Contemporary nursing students appear to be having more trouble with nursing curricula than before. Juggling family obligations and personal lives with the demands of school is also tough for students. Many BSN students are discouraged by high tuitions and fees.

Some directors specified other factors that contribution to attrition: students decide that nursing isn't for them; choose other majors; have learning disabilities; and so on. Still, the message is clear. Students need academic and emotional help to complete their educations. Students in BSN programs also need financial aid.

It is all too apparent that nursing programs are in crisis. The shrinking number of first-time admissions is taking a toll on the number of new graduates. These trends are certain to exacerbate an already growing nursing shortage.

From nursing programs' vantage points, the top problem is how to bring students in. Although many people who take an interest in education have speculated that attrition problems are just as hard on nursing schools as recruitment problems, the data say otherwise. In fact, net retention is as strong and maybe stronger than it's ever been. Some individual programs are having harder times than others, and some segments of the population are feeling the pressure. On the whole, however, nursing faculties are doing things right.

References

1. Rosenfeld, Peri, Education in crisis, *Nursing & Health Care*, May 1987, 282.
2. Bean, John, Assessing and reducing attrition, in Hossler, D. (ed.), *Managing College Enrollment*, San Francisco: Jossey-Bass, 1986.
3. Tinto, V., Limits of theory and practice in student attrition, *Journal of Higher Education*, 53(6), 1982.
4. National League for Nursing Division of Research, *Nursing Data Book 1983-84*, New York: NLN, 1984.
5. National League for Nursing Division of Research, *Nursing Data Book 1981*, New York: NLN, 1982.

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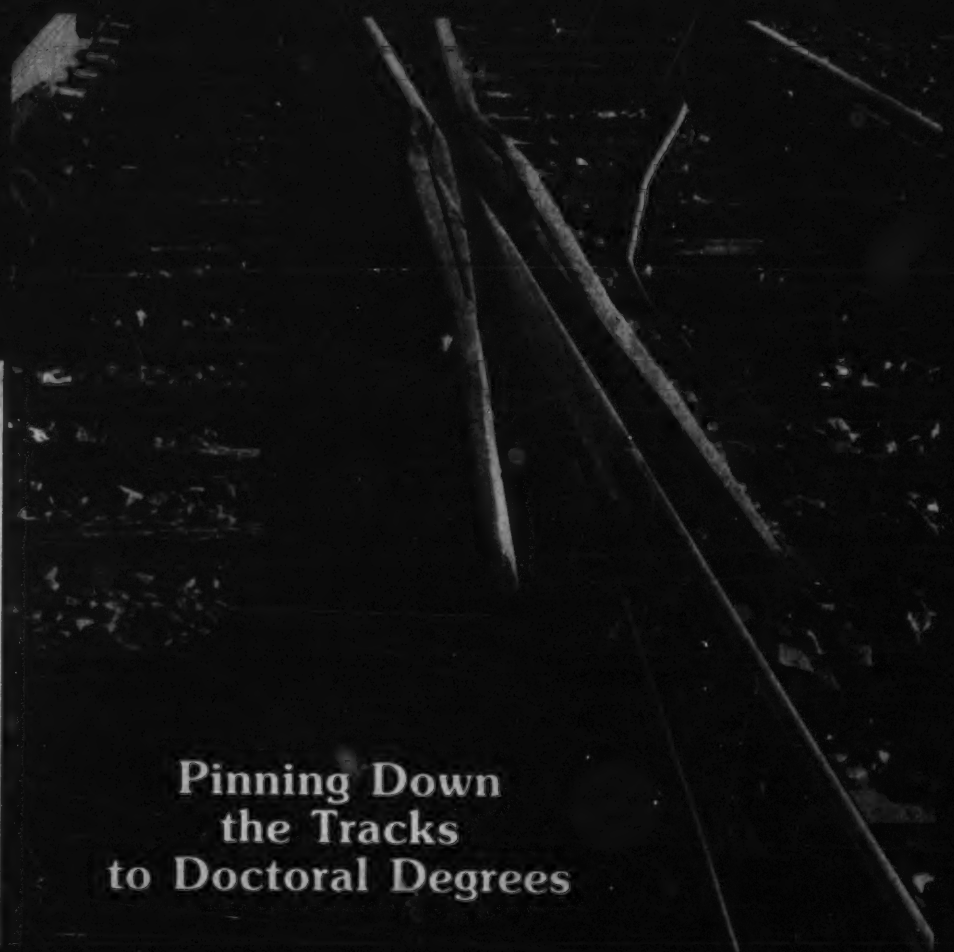

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Pinning Down the Tracks to Doctoral Degrees

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VOLUME 9, NUMBER 5 MAY 1988

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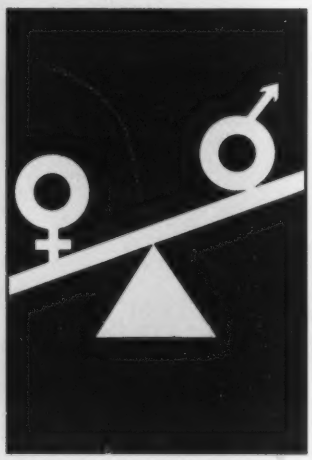

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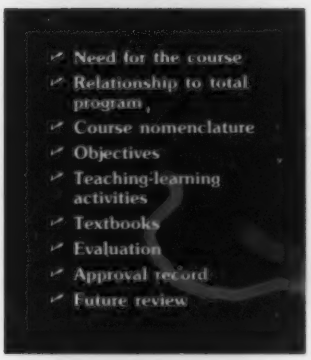

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Nursing Supply and Demand: An Analysis of Newspapers, Journals, and Newsletters

PERI ROSENFELD
EVELYN B. MOSES

Toward the end of 1986, the U.S. Department of Health and Human Services' Division of Nursing began to hear from a number of nursing employers that it was becoming difficult to hire registered nurses. At the same time, newspaper articles began to report on the labor market conditions of registered nurses.

The Division of Nursing wanted to research the current nursing employment situation. The complexities involved in statistical surveys would lead to lags in making available up-to-date information. However, a systematic approach to collecting and classifying available information could assist in identifying the current nursing employment situation.

Since major newspapers, as well as nursing and other health media, seemed to be increasing coverage on nursing employment related issues, the approach taken was to examine newspaper, journal, and newsletter articles on employers' ability to hire RNs, available nursing positions, and nurses' ability to get positions.

The Division of Nursing chose the National League for Nursing (NLN) to carry out this project. The articles collected were assessed to determine whether there were specific geographic or nursing specialty labor market indicators. If underlying causes were identified they were abstracted and summarized.

Study Methodology

Materials were acquired through an on-line search, phone requests, and personal contacts. The on-line bibliographic search produced the majority of items included in this study. The search covered a variety of media, including newspapers, nursing and nonnursing journals and newsletters, and covered a wide range of geographic areas. However, the on-line search yielded material in larger metropolitan areas, in contrast to smaller, rural locations.

To compensate for this limitation of the on-line search and to balance its "big city" bias, newspapers in smaller cities were identified through *Editors & Publishers*, a directory that lists all newspapers published in the United States. Representatives from these newspapers in underrepresented states and regions were contacted by phone and many were cooperative.

The third, less methodical avenue for data collection was through library research at NLN and the American Journal of Nursing Company. Moreover, interested parties (e.g., NLN staff and members) assisted by collecting items which were appropriate for inclusion. This method yielded the fewest items. However, it led to representation of some geographic areas which would not have been represented in the study otherwise. Most of the journal and newsletter articles were obtained in this way.

A total of 57 newspapers were included in the study, producing a total of 276 individual articles. Newspapers from 30 states and more than 45 cities were represented.

In order to provide as much information as possible to present a cogent gauge of nursing employment trends, the analysis was based on materials collected from March 1986 through May 1987.

Although the initial plan called for a one-year review, once the items were arranged in chronological order the need to extend the time frame became apparent. Most importantly, the fre-

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Table 1. Articles on Nursing Employment by Number and Percent

Type of Article	N	%
News items on nursing	187	68
News items where nursing is secondary	31	11
Letters and editorials	50	18
AHA newswire report*	8	3
	276	100

*Eight newspapers carried almost verbatim versions of the American Hospital Association's news release of its RN vacancy rate study. All eight appeared in January 1987.

Table 2. Number and Percent of Nursing News Articles by Type of Facility

Type of Facility	N	%
Hospitals	125	67
Nursing schools	25	13
Long-term care/nursing homes	18	10
Other	19	10
	187	100

quency of printed news items on nursing employment opportunities increased over time and jumped dramatically in 1987. In fact, when the time frame was extended two more months—to May 1987—an additional 75 newspaper items appeared in the review.

Sixty three percent (174 items) of the total number of newspaper articles under review appeared between January and May 1987. The remaining 37 percent appeared in the ten-month period from March to December 1986.

In short, January 1987 was a turning point. From that point forward considerably more references concerning nursing employment opportunities were found in the media. This surge coincided with the American Hospital Association's (AHA) news release about RN vacancy rates in hospitals.

A smaller peak in the number of published articles occurred in August 1986. At that time, the National Institutes of Health reduced the number of beds in its clinical settings because of a lack of nurses. Institute officials attributed this to an inability to pay their nurses competitively. Concurrently, an article on the findings of NLN's annual survey and the closing of a prestigious nursing school appeared in *The Washington Post*, prompting interest in the availability of nursing personnel.

Media from nine census regions were represented in the survey sample. An examination of variations in the coverage given to the nursing situation in each region was made by comparing the average number of articles printed per region to the national average. There were 275 articles printed in 56 newspapers nationwide, producing an average of 4.8 articles per newspaper. (The one article from the nationally circulated *USA Today* was eliminated from this analysis.) The Mid Atlantic region produced the highest average, with 6.9 articles per paper. The smallest average number of articles per newspaper appeared in the East South Central, West South Central, and Mountain regions with 3.3, 3.4, and 3.5 articles, respectively.

The sample also took into consideration the size of the populations served by the newspapers under review. Using data from the Bureau of the Census, each newspaper's hometown was categorized according to size of population. Six population categories were established, ranging from under 50,000 to over one million, and the location of each newspaper was entered accordingly.

Within these six categories, media attention was given in 46 geographic locations, all of which are represented in this study. An examination of the average number of articles published per location showed that the larger the city the more media attention was paid to nursing issues. The mean number of articles printed per location nationwide was 6.0. The population categories *500,000 to 1 million* and *over 1 million* produced means of 10.7 and 10.8 articles per city, respectively.

Each newspaper article was read and evaluated in a variety of ways. Moreover, each article was evaluated by two individuals, the project director and the research assistant, to ensure a high degree of interrater reliability.

The discussion of how the data analysis was conducted will serve two functions. First, by describing how each article was sorted and resorted, the reader will understand the underlying logic and process of the analysis. Second, the detailed descriptions will progressively narrow down the articles, thereby isolating those pieces that provide the most significant contributions to our understanding of recent nursing issues. A flow chart of the data analysis process appears in Figure 1.

It is important to keep in mind that the analysis was based on the information as reported in newspaper articles. In other words, this discussion refers directly to what was written by journalists, without the evaluation of the authors of this report. In short, no attempt was made to evaluate or judge the information gleaned from the articles, but simply to report what was found.

The overwhelming majority of articles describing the nursing situation presume the existence of a shortage. Even in those areas where concrete evidence of a shortage is not available, the term "nursing shortage" appears.

The journalistic parlance favors terms such as "critical," "crisis," and "emergency." Perhaps these phrases are used because they convey some commonly held attitudes about medical care.

In the first step of the analysis each item was sorted to determine what type of article it was in relation to nursing. Four broad categories of *type of article* were established (Table 1).

A total of 39 letters to the editor and 11 editorials were included in this study. Letters and editorials were largely in response to articles published earlier. The most frequent topic authors dealt with in these letters and editorials was stress-related working conditions for nurses. The second most frequent topic for letters was the titling and licensure issue.

The 31 articles considered as *news where nursing is secondary* fell into several subcategories. Most often nursing was discussed in the articles as part of the overall health care system—specifically in terms of the overall "escalation of medical costs" or "deterioration of the nation's health

care." Nursing also came up in articles describing general employment and career opportunities in the American economy. A third type of article in which nursing was of secondary concern focused on women's issues such as "comparable worth."

The largest category of articles in the sample comprised those that emphasized specific information pertaining to nurses' ability to find employment or employers' ability to fill nursing positions. For the remainder of this report, emphasis will be placed on the 187 news items pertaining to specific nursing employment concerns.

Each of the 187 nursing news items were also sorted by type of facility (Table 2).

The 19 items coded as other were primarily descriptions of the activities or accomplishments of a particular nurse or group of nurses. The 18 articles focusing on long-term care and nursing homes can be primarily attributed to New Jersey and Pennsylvania.

The second largest type of facility category produced 25 articles dealing with the condition of the nation's nursing schools and were often cast in the light of contemporary and future nursing supply. More specifically, reporters were likely to blame the perceived nursing shortage on falling enrollments in nursing schools.

Reports of the closure of nursing programs (e.g., American University, University of Nebraska, Lincoln campus, and Boston University) were likely to be accompanied by discussions on how these closures will exacerbate an already growing problem in recruiting RNs. Other articles described how nursing schools were redesigning and expanding their programs to recruit more applicants and to help forestall the current shortage.

Articles pertaining to hospitals comprised the largest type of facility category. The 125 news items so identified excluded those that only reported the AHA RN vacancy study without reporting on other aspects.

By and large, these articles on hospital nursing can be assigned to several broad classifications: stories of recruitment efforts on the part of hospitals; stories of the impact of insufficient numbers of nurses on hospitals, wards, or units; and general discussion of factors affecting recent nursing employment issues. While many articles deal with more than one of these themes, each can be categorized by its primary focus (Table 3).

Table 3. Primary Focus of Hospital Articles by Number and Percent

Primary Focus of Hospital Articles	N	%
Recruitment	55	44
Impact	34	29
Discussion	36	27
	125	100

Table 4. Number of Articles with Hospital Focus by Availability of Budgeted RN Positions

Articles with Hospital Focus	N	Vacant Budgeted Positions	Availability of Positions Unclear
Increased recruitment (all strategies combined)	55	36	19
Diversion of patients	9	9	–
Closure of beds	9	6	*3
General discussion of demand for nurses	36	19	17
Other impact	16	6	10
	125	76	49

*These 3 articles clearly state that there is an insufficient number of positions available.

Within each of these broad categories, several additional variables were identified for further analysis. First, a key factor in understanding the nature of the nursing situation being reported is to determine whether hospitals are seeking to fill vacant budgeted positions or if there are insufficient numbers of budgeted positions available. Each article that made any mention of a nursing shortage was carefully reviewed to determine if nursing positions were available or not.

Second, in the area of recruitment, specific or unusual strategies—particularly in the areas of foreign recruitment, monetary incentives, and salary increases—were highlighted for further discussion.

Third, when possible, objective indices of a nursing shortage, (such as hospital study results), were explored in those instances where a shortage was said to exist.

Fifty-five articles dealt specifically with the recruitment strategies hospitals are using to attract nurses to their organizations. Throughout the nation, there were similarities in the news stories. Recruitment of foreign nurses—specifically from Canada, the United Kingdom and the Phillipines—was the most frequently reported approach to filling vacant positions. Another approach featured in the news reports involved monetary incentives, bonuses, and salary increases. Most of these news items specifically referred to filling vacant positions. Less than 10 percent of the recruitment articles referred to "salary wars" where bonuses were being offered "just in case." Also under the category of recruitment were articles reporting that hospitals were making greater use of registries and temporary agencies to fill their open positions.

Impact on Hospitals

The second classification of articles pertaining to hospitals produced 34 reports of hospitals that were forced to close beds, divert patients, or take some other serious action to cope with insufficient numbers of RNs. Nine of these news items referred to the need to close beds or units, and all reported that the lack of nurses was due to an inability to fill budgeted positions (see Table 4).

An additional nine articles reported the diversion of patients due to insufficient RNs. Six of these reports indicated that these diversions were the result of hospitals' inability to recruit RNs to fill vacant budgeted positions.

Another nine news stories describe labor disputes that were triggered off

or influenced by a perceived nursing shortage. Six of these reports indicated that protesting nurses have been adversely affected by the numerous unfilled budgeted positions.

The remaining articles referred to reports of possible decertification and loss of licenses of hospitals due to insufficient numbers of nursing staff. These reports more likely referenced the need to create additional positions to relieve under staffing.

Representatives of national health care organizations were more likely than local representatives to be interviewed in journal and newsletter articles.

Thirty-six articles were categorized as general discussions of recent nursing employment issues. As noted earlier, the underlying assumption of these articles was that a nursing shortage existed and that the demand for nurses was "critical." Just over half these articles (N = 19) make claims of a nursing shortage by citing the number of vacant RN positions at a particular hospital or geographic area. These articles often report findings from studies made by representatives of state hospital associations and individual hospitals. In the remaining 17 general discussion articles, it is unclear whether or not the perceived shortage is one of unfilled budgeted positions.

When all news items were sorted, reports on hospitals' need for registered nurses were most prevalent. Two-thirds of the articles specifically described nursing problems in hospitals. In view of the fact that hospitals are the largest employers of nurses and that almost seven out of ten RNs are employed in hospital settings, this finding is not surprising.

The 64 journals and newsletter articles failed to produce any significant information that was not also covered in the newspapers. In fact, journal and newsletter articles were likely to cite the same newspaper articles reviewed in this study. Moreover, representatives of national health care organizations were more likely than local representatives to be interviewed in those articles.

Newspaper coverage of nursing employment opportunities, particularly reports of hospital recruitment efforts and general discussions of nursing supply, intensified over time. Indeed, after the deadline for inclusion in this study, there was continued interest among reporters in nursing employment.

A look at the number of articles printed about nursing employment over time revealed that over 65 percent of the 125 articles categorized as pertaining to hospitals appeared after January 1987. This suggested that the AHA report on the national RN vacancy rates whetted the appetites of reporters to investigate the availability of nurses. Moreover, local hospital associations were prompted to conduct studies of nursing vacancy rates in their area.

The frequently heard claims that employers of nurses were having difficulty recruiting and retaining RNs did not necessarily address where the problem lay. When journalists reported that a hospital or nursing home had an insufficient number of RNs, it was not always clear whether the agency had vacant budgeted positions available or if it needed to increase the number of RN positions.

However, based on the newspaper reports reviewed for this study, approximately 60 percent of the articles referring to hospitals used terms such as "vacant," "open" or "unfilled position" to describe the need for nurses. This suggested that the majority of reports claimed the inadequate number of nurses as due to an inability to recruit and retain nurses for budgeted positions.

Since the completion of this project, media interest has continued to focus on the nursing employment situation. Moreover, a variety of local, state and federal initiatives have been undertaken to address this problem. The collection of data, both quantitative and qualitative, has increased since the initiation of this project, and the same is true for the number of analyses devoted to aspects of this subject. This project, therefore, is one of the earliest among those surrounding the issues involved in the employment and availability of nursing personnel in the mid-1980s.

LOOK TO NLN FOR EXPERT SPEAKERS

The League is forming the first national speakers bureau for nursing. We want to make nurse clinicians, educators, and administrators available to speak at meetings, conferences, and conventions on all aspects of nursing and health care.

Speakers with expertise in the areas of costs, quality, payment systems, clinical issues, and all other aspects of health care are invited to join the bureau.

If you would like to serve as a speaker, forward a written request for additional information to NLN Speakers Bureau, 10 Columbus Circle, New York, NY 10019.